24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund		C C00504530	
		O costs see	
Check if 24-hour report	ort Amends report filed	on Mam / Dad / Yayayay	
Full Name of Payee Cold Spark Media		Date of Public Distribution/Dissemination	
Mailing Address 307 Fourth Ave.		09 27 2016	
Suite 920		Amount	
	Zip Code	17333.68	
Pittsburgh PA	15222	Transaction ID : 001 Date of Disbursement or Obligation	
Purpose of Expenditure Direct mail	Category/ Type 004	09 / 21 / 2016	
Name of Federal Candidate	Support Office	e Sought: X House District: 19	
Zephyr Teachout	X Oppose	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought	744123.65 Disbu	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
Target Enterprise		09 / D D / Y D Y D Y D Y D Y D Y D Y D Y D	
Mailing Address 15260 Ventura Blvd.		Amount	
Suite 1240			
City State Sherman Oaks CA	Zip Code 91403	381078.00 Transaction ID : 002	
Purpose of Expenditure	Category/ 004	Date of Disbursement or Obligation	
Media placement	Type 004	09 26 2016	
Name of Federal Candidate	Support Office	e Sought: House District: 19	
Zephyr Teachout	X Oppose	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought	1125201.65 Disb	ursement For: Primary	
•	'		
(a) SUBTOTAL of Itemized Independent Expenditures		398411.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	·		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	cally Filed] Date	09 28 2016	
Signature	_		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	MLO	PAGE 2 OF 2 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	F	EC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund		C C00504530	
Check if 24-hour report			
Full Name of Payee	Date of	Public Distribution/Dissemination	
Push Digital	O		
Mailing Address P.O. Box 21892	Amount		
City State Zip	Code	20309.00	
	413 Transac	tion ID: 003 Disbursement or Obligation	
Purpose of Expenditure Media placement	Type 004 0	M / D D / Y Y Y Y	
Name of Federal Candidate	Support Office Sought:	✗ House District: 19	
Zephyr Teachout	X Oppose Presiden	Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought	Disbursement I 2016 Oth	For: Primary X General er (specify) ▶	
Full Name of Payee		Public Distribution/Dissemination	
	M	M / D D / Y Y Y Y	
Mailing Address	Amount		
City State Zip	o Code		
Only State Zip		7 7 7	
Purpose of Expenditure	Date of	Disbursement or Obligation	
	Type		
Name of Federal Candidate	Support Office Sought:	House District:	
	Oppose Presiden	t Senate State:	
Calendar Year-To-Date Per Election for Office Sought	Disbursement	For: Primary General	
rei Liection for Office Sought	Oth	er (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	······································	20309.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7	
(c) TOTAL Independent Expenditures			
(b) FOTAL macponactic Exponantares		418720.68	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Caleb Crosby [Electronical]	L. T.1. 11	28 2016	
Signature	by Filed Date 09	28 2016	